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| Referral Process & Criteria  (Forensic Inpatient and Community Services  & Thames Valley Pathfinder Service) |

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| This Procedure Applies To: Thames Valley Forensic Service |
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|  | **Name** | **Title** | **Date** | **Next Review** |
| **Reviewer** | Lynda Dix | Head of Nursing | October 2022 | October 2025 |
| **Reviewer** |  |  |  |  |

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| **Date Effective From: April 2010** |

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| **Change History** | | |
| Procedure Version | Effective Date | Reviewed By |
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| **Significant Changes of Last Review** |
| Revised to incorporate the following guidance into one document:   * Existing referral Criteria and process procedure * Referral pathway document   ForMe provider collaborative guidance to referrers added to appendix |

**Contents**

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1. **Purpose of the policy**

The aim of this procedure is to provide guidance to those working in the service about the referral criteria and process. Appendix 1 has guidance for referrers.

The Thames Valley Forensic Mental Health Service is an NHS tertiary forensic service that can offer specialist assessment, treatment and management of patients with a primary diagnosis of mental illness or learning disability and who are liable to be detained under the Mental Health Act (1983). The service supports those whose risk of harm to others or escape from hospital cannot be safely managed in other mental health settings and therefore require care and treatment within a secure mental health service.

The service provides medium and low secure services for men and women. A Medium secure service for men with a learning disability and a pre-discharge service for men and women. There is also a forensic community mental health team which supports patients across Oxfordshire, Buckinghamshire, Berkshire and Milton Keynes. A community treatment service called Pathfinder provides a service for adults of working age with a diagnosis of Personality Disorder where violence or high risk of violence to others is a significant feature.

**2. Outline of the policy**

**2.1 Triage for timescales**

Referrals will be triaged to assess the urgency required.

“**Urgent” referrals**: Assessment takes place in 2 days and the outcome is made verbally to the referrer within 24 hours along with a brief report. A final report is provided within 5 days of the assessment taking place

**“Non-urgent”** referrals: Assessment takes place in 21 days and a final report is shared within 7 days (of the assessment).

**2.2 Gatekeeping**

A gatekeeping assessment has to be undertaken and there needs to be a recommendation to commissioning services that an individual meets the criteria for requiring a Forensic Service. This aims to ensure that admissions to high, medium and low secure inpatient facilities are assessed by specialists in forensic mental health in order to ensure that individuals who require secure inpatient care receive the optimum level of care and treatment, appropriate to their forensic and mental health needs, in the least restrictive environment.

**2.3 Community Support and Capacity Building**

The service will provide assessments and advice for cases where the referrer is of the opinion that a forensic mental health opinion would provide additional benefit to the management of the patient. This may encompass issues such as diagnostic uncertainty but there must also be prominent risk issues which would benefit from a forensic opinion.

**2.4 Referral Criteria**

**A referral should meet any of the following inclusion criteria:**

* Risk assessment and management where there are concerns about current risk of harm to others.
* Suitability for admission to low, medium or high secure.
* Forensic community working.

**The following exclusion criteria for referrals apply:**

* Referral for diagnosis and management of difficult to manage cases where there is little or no evidence of current risk of harm to others.
* No offending behaviour involving risk of harm to others is present. However, referrals will be accepted when criminal charges are pending where there is evidence of current risk of harm to others.
* Referral to the local PICU or locked rehabilitation unit has not been considered and/or assessed where admission to low security is requested.
* Patient has not been seen by a Consultant Psychiatrist in the last 1 month.

The criteria for the Thames Valley Pathfinder Service is different to that of the forensic mental health service.

**Thames Valley Pathfinder Service (TVPS), the inclusion and exclusion referral criteria are as follows:**

Adults of working age with a diagnosis of Personality Disorder where violence or high risk of violence to others is a significant feature. This will include women whose violence is likely to be less severe, but who are deemed to be at high risk of harm to others. Undiagnosed service users can also be referred when psychological problems are considered to be part of their violent behaviour, including sexual offending, and where diagnosis needs to be clarified. Generally, there will be a history of serious and/or prolific offending and the range of offences will include a high level of those considered to be ‘grave’ offences, as defined by the Ministry of Justice.

**Inclusion Criteria for Pathfinder**

* A diagnosis of personality disorder associated with longstanding emotional and interpersonal difficulties.
* A history of antisocial or offending behaviour, including physical and/or sexual harm to others.
* Persons 18 or over irrespective of gender, culture, ethnicity, and sexual orientation.
* Service users with a primary or secondary diagnosis of personality disorder or presentation consistent with personality disorder.
* Service users with complex needs including emotional, relationship, psychological issues.
* Service users at immediate risk of entering secure provision
* Service users who are expected to return to the community within 12 months, subject to satisfactory care pathway and risk management planning
* Service users who are still inpatients, in the lowest level of security accommodation who have an identified discharge pathway and some realistic expectation of community access during the period they attend the Programme.

**Exclusion criteria for Pathfinder**

* A co-morbid psychotic illness that has not been well controlled for at least six months.
* Significant current substance misuse and absence of motivation to address this, or lack of progress in doing so.
* Service users with moderate to severe learning disability
* Service users with organic brain dysfunction
* Although we will not actively engage with individuals who demonstrate the above, we will offer consultancy to those services that treat them

**2.5 Forensic Need**

Forensic need refers to both the probability of harm occurring to others and the seriousness of that harm should it occur. In some circumstance the ‘harm’ may refer to the damage done to an individual or public organisation such as in the circumstances of there being political sensitivity associated with an individual patient.

In the majority of cases the primary consideration will be the risks posed by the individual to others. There may be some cases where the risk that individuals pose to themselves is relevant, but this is not normally a ‘forensic’ matter. Significantly more weight will be given to a history of risk behaviours illustrated by convictions and current charges.

Referrers should keep in mind that the service has no investigative powers or resources and where concerns are largely focussed on the prevention of criminal acts by individuals in the community who are not subject to any legal framework, the most appropriate method of dealing with such concerns, including for individuals with mental disorder, will be the Criminal Justice System. This may be by direct contact with the police or through the MAPPA framework. This process does not necessitate TVFMHS involvement.

The majority of cases involving acquisitive offending or offences such as criminal damage will not be appropriate for the service as, regardless of the probability of the offence occurring, the seriousness of harm done is low. The exception will be remand or sentenced prisoners who require hospital treatment and present with mental disorder and a risk profile (including risk of absconding) by virtue of being prisoners, which makes treatment in a general psychiatric ward or psychiatric intensive care unit inappropriate.

**2.6 Sources of Referral**

The service would normally expect referrals to be from a responsible Clinician (RC) or a consultant Psychiatrist or Consultant clinical psychologists for those that are not on CPA and have a RC.

The patient’s General Practitioner should normally be within the catchment area of Oxfordshire, Buckinghamshire, Berkshire and Milton Keynes. In exceptional circumstances, patients residing outside these catchment areas may be accepted by prior arrangement, with the agreement with our commissioners.

Within the Thames Valley referrals will be accepted from Community Mental Health Teams and psychiatric intensive care units. Referrals will also be received from outside of the Thames Valley area where a prison mental health in-reach team in another region encounters a prisoner from the Thames Valley with mental health needs. Referrals would usually only be seen if referred by secondary level mental health services. The service does not accept referrals from primary care. Such cases should, in the first instance, be referred to the local secondary care mental health service. Exceptions to this are likely only if an individual has previously been known to the TVFMHS, and in particular, if it has been indicated at the time of discharge from the TVFMHS, that if future problems arise the case should be referred directly to us.

We do take referrals from the Prison In-reach, and from Consultant Psychiatrists from High Secure Hospitals and Private Secure Hospitals. Exceptionally, by arrangement, the service may receive referrals from the National Offender Management Service, The Courts & Crown Prosecution Service, the Police or Probation Services and the Local Authority, but in the absence of contractual agreements there is no obligation to do so and is entirely at the discretion of the service.

**2.7 Referral process**

Referrals will be received on the FoMe Provider Collaboratives Patients Flow Management system (CAMBIO) Please email: [formepc@oxfordhealth.nhs.uk](mailto:formepc@oxfordhealth.nhs.uk) to request access to the system. (Click on Appendix 1)

Referral received through single point of contact. Via CAMBIO

* Triage Urgency
* Gatekeeping Assessment & completion of DUNDRUM
* MDT Assessment for identified service
* Bed / Community caseload allocation
* Initial locality check
* Sent to locality team for assessment

**Disputes/Appeals**

In the event of the referrer or gatekeeper disagreeing with the outcome of the assessment, the TVFMHS must have a system in place to review the decision and resolve any conflicts that may arise as a result. The care of the patient must not be compromised because of a dispute.

Resolution of disputes will be the responsibility of the parties involved in the assessment and must be undertaken in a timeframe commensurate with the patients needs. The dispute will be resolved by a group consisting of the Clinical Lead for Forensic Services, Head of Forensic Nursing, Head of Forensic Psychology, and the Forensic Case Manager.

**4. Related policy and procedure**

* Thames Valley & Wessex ForMe Provider Collaborative Guidance to referrers
* TVFMHS Management of Transition Procedure

**Appendix 1:**

[Thames Valley Forensic Service - Oxford Health NHS Foundation Trust](https://www.oxfordhealth.nhs.uk/service_description/thames-valley-forensic-service/)